

ATTACHMENT A

INVOICE FOR DAY REPORTING CENTER ENRICHMENT SERVICES

HOPE THROUGH HOUSING
 8265 Aspen Street, Suite 100
 Rancho Cucamonga, CA 91730

MONTH/YR_____

\$35 PER MINOR PER HOUR

TOTAL COST

\$

DATE	CLASS	HOURS	# ATTENDED	COST (HOURS X # ATTENDED X \$35)
	1.			
	2.			
	3.			
	4.			
	5.			
	6.			
	7.			
	8.			
	9.			
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	16.			
	17.			
	18.			
	19.			
	20.			
	21.			
	22.			

NAME_____ TITLE_____ PHONE_____

SIGNATURE_____ DATE_____

ATTACH SIGN-IN SHEETS FOR EACH CLASS